Southwest Airlines Co. Safety & Security 2195 Research Row, WGS-1SE Dallas, Texas 75235

Southwest's

June 28, 2019

Industrial Commission of Arizona James Ashley, Director Dale Schultz, Commission Chairman Jacqueline Kurth, Manager Medical Resource Office 800 W. Washington Avenue, Suite 305 Phoenix, AZ 85007-2922

Dear Commission Leadership:

In its 48th year of service, <u>Southwest Airlines Co.</u> (NYSE: LUV) continues to differentiate itself from other air carriers with exemplary Customer Service delivered by more than 59,000 Employees to a Customer base topping 120 million passengers annually. Southwest became the nation's largest domestic air carrier in 2003 and maintains that ranking based on the U.S. Department of Transportation's most recent reporting of domestic originating passengers boarded. In peak travel seasons, Southwest operates more than 4,000 weekday departures among a network of 100 destinations in the United States and 10 additional countries. As of June 27, 2019, Southwest offers up to 186 daily departures to 52 cities from Phoenix Sky Harbor International Airport.

Southwest Airlines' most valuable asset is our Employees and as such, it is of the utmost importance that we do whatever possible to keep them safe while on the job. Unfortunately, injuries on the job do occur from time to time. When these happen, our job is to ensure that our Employees receive prompt and appropriate medical care and to support their recovery.

Among our concerns are medication safety issues. A 2007 Institute of Medicine report showed that medication errors originate most often during the medication prescribing process. At least half of these prescribing errors are detected and corrected when pharmacists review the safety and appropriateness of the medication. But having the same physician prescribe and dispense eliminates that safety net before the error reaches the patient. In reality, it may not even be the doctor who does the dispensing. It could be ancillary office personnel, instead, and dispensed medications may not be given a final check.

Additionally, our experience in other states shows a significant increase in medication costs when dispensed in the physician's office rather than a pharmacy. These mark-ups are often exorbitant and are simply not warranted. Physicians are the only "winners" with the practice of dispensing from their office. Implementing provisions that would allow physician dispensing in certain limited circumstances, but not indefinitely, is consistent with our experience in other states and would not have an adverse impact on the Employees treatment and medical care delivery. We support the efforts of the Arizona Industrial Commission and ask that you will consider any objections to the proposed changes with scrutiny. The practice of providing over-priced

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medications from the physicians' has no impact on the delivery of quality medical care for the Employees in Arizona.

With all this in mind, we have a vested interest in the policies and protocols followed by the Industrial Commission of Arizona. Because of our commitment to our Employees, we would like to convey our support of the proposed changes to the fee schedule limiting the circumstances when providers may dispense prescription medications from their own office.

Respectfully submitted,

Patti Colwell

Workers' Compensation Program